



# BOARD for REGISTRATION of VOTERS

City of Burlington

City Hall, Room 20, 149 Church Street, Burlington, VT 05401

Voice (802) 865-7137

Fax (802) 865-7014

## CHECKLIST REVISION FORM

**NOTE: This form is for CORRECTIONS ONLY not for new registrations.**

**Voter's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Present/New Address** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_

### CHANGE(S) TO THE CHECKLIST:

**Former name,** \_\_\_\_\_

**Former Address** \_\_\_\_\_

**Source/Remarks** \_\_\_\_\_

### DELETION from CHECKLIST:

**Reason: Moved from City (New Address below)** \_\_\_\_\_(X)

\_\_\_\_\_

\_\_\_\_\_

**DEATH** \_\_\_\_\_(X)

**OTHER (please explain below)** \_\_\_\_\_(X)

\_\_\_\_\_

\_\_\_\_\_

**Signature of Person requesting this revision** \_\_\_\_\_

**Relationship to Voter** \_\_\_\_\_

Change complete \_\_\_\_\_